

OPTIS.085A



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Braig et al. )  
App. No. : 10/826,004 )  
Filed : April 15, 2004 )  
For : SYSTEM AND METHOD FOR )  
MANAGING A CHRONIC MEDICAL )  
CONDITION )  
Examiner : Unknown )

ESTABLISHMENT OF RIGHT OF ASSIGNEE TO TAKE ACTION  
AND  
REVOCATION AND POWER OF ATTORNEY

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The undersigned is empowered to act on behalf of the assignee below (the "Assignee"). A true copy of the original Assignment of the above-captioned application from the inventor(s) to the Assignee is attached hereto. This Assignment represents the entire chain of title of this invention from the Inventor(s) to the Assignee.

I declare that all statements made herein are true, and that all statements made upon information and belief are believed to be true, and further, that these statements were made with the knowledge that willful, false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that willful, false statements may jeopardize the validity of the application, or any patent issuing thereon.

The undersigned hereby revokes any previous powers of attorney in the subject application, and hereby appoints the registrants of Knobbe, Martens, Olson & Bear, LLP, 2040 Main Street, Fourteenth Floor, Irvine, California 92614, Telephone (949) 760-0404, **Customer**

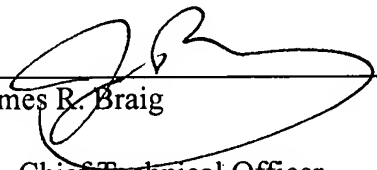
**App. No.** : 10/826,004  
**Filed** : April 15, 2004

**No. 20,995**, as its attorneys with full power of substitution and revocation to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected herewith. This appointment is to be to the exclusion of the inventor(s) and his attorney(s) in accordance with the provisions of 37 C.F.R. § 3.71.

Please use **Customer No. 20,995** for all communications.

Optiscan Biomedical Corporation

Dated: 10-19-04

By:   
James R. Braig

Title: Chief Technical Officer

Address: 1105 Atlantic Avenue, Suite 101,  
Alameda, CA 94501

PA-75  
O:\DOCS\LJM\LJM-4242.DOC  
080504

# ALL-PURPOSE ACKNOWLEDGEMENT



State of California

County of Alameda

On October 19, 2004 before me, Jennifer Villavert Le,  
(DATE) (NOTARY)  
personally appeared James R. Braig  
SIGNER(S)

☒ personally known to me - OR - ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Jennifer Villavert Le  
NOTARY'S SIGNATURE

## OPTIONAL INFORMATION

The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgement to an unauthorized document.

### CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

☐ INDIVIDUAL  
☒ CORPORATE OFFICER

CTO

TITLE(S)

☐ PARTNER(S)  
☐ ATTORNEY-IN-FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER: \_\_\_\_\_

### DESCRIPTION OF ATTACHED DOCUMENT

Est. Assignee... Power of Attorney  
TITLE OR TYPE OF DOCUMENT

2

NUMBER OF PAGES

April 15, 2004  
DATE OF DOCUMENT

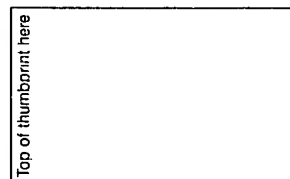
OPTIS ORSA

OTHER

SIGNER IS REPRESENTING:  
NAME OF PERSON(S) OR ENTITY(IES)

OPTISCAN BIOMEDICAL CORP.

RIGHT THUMBPRINT  
OF  
SIGNER



Application No.: 10/826,004  
Filing Date: April 15, 2004

**COPY  
DO NOT RECORD**

**PATENT**  
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#### **ASSIGNMENT**

WHEREAS, We, James R. Braig, a US citizen, residing at 280 Mountain Avenue, Piedmont, CA 94611, Peter Rule, a US citizen, residing at 24183 Hillview Road, Los Altos, CA 94024, Michael A. Munrow, a US citizen, residing at 2718 Belmont Canyon Rd., Belmont, CA 94002, Philip C. Hartstein, a US citizen, residing at 171 Bryant St., Apt. G, Palo Alto, CA 94301, have invented certain new and useful improvements in a SYSTEM AND METHOD FOR MANAGING A CHRONIC MEDICAL CONDITION for which we have filed an application for Letters Patent in the United States, Application No. 10/826,004 Filed on April 15, 2004;

AND WHEREAS, OptiScan Biomedical Corporation (hereinafter "ASSIGNEE"), a Delaware Corporation, with its principal place of business at 1105 Atlantic Avenue, Suite 101, Alameda, CA 94501, desires to acquire the entire right, title, and interest in and to the said improvements and the said Application:

NOW, THEREFORE, in consideration of the sum of One Dollar (\$1.00) to me in hand paid, and other good and valuable consideration, the receipt of which is hereby acknowledged, we, the said inventors, do hereby acknowledge that we have sold, assigned, transferred and set over, and by these presents do hereby sell, assign, transfer and set over, unto the said ASSIGNEE, its successors, legal representatives and assigns, the entire right, title, and interest throughout the world in, to and under the said improvements, and the said application and all provisional applications relating thereto, and all divisions, renewals and continuations thereof, and all Letters Patent of the United States which may be granted thereon and all reissues and extensions thereof, and all rights of priority under International Conventions and applications for Letters Patent which may hereafter be filed for said improvements in any country or countries foreign to the United States, and all Letters Patent which may be granted for said improvements in any country or countries foreign to the United States and all extensions, renewals and reissues thereof; and we hereby authorize and request the Commissioner of Patents of the United States, and any Official of any country or countries foreign to the United States, whose duty it is to issue patents on applications as aforesaid, to issue all Letters Patent for said improvements to the said ASSIGNEE, its successors, legal representatives and assigns, in accordance with the terms of this instrument.

AND WE DO HEREBY sell, assign, transfer, and convey to ASSIGNEE, his successors, legal representatives, and assigns all claims for damages and all remedies arising out of any violation of the rights assigned hereby that may have accrued prior to the date of assignment to ASSIGNEE, or may accrue hereafter, including, but not limited to, the right to sue for, collect, and retain damages for past infringements of the said Letters Patent before or after issuance.

AND WE HEREBY covenant and agree that we will communicate to the said ASSIGNEE, its successors, legal representatives and assigns, any facts known to us respecting said improvements, and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid the said ASSIGNEE, its successors, legal representatives and assigns, to obtain and enforce proper patent protection for said improvements in all countries.

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IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 19 day of OCT, 2004

James R. Braig

STATE OF

California

COUNTY OF

Alameda

ss.

On Oct. 19, 2004 before me, Jennifer Villavert Le, personally appeared James R. Braig personally known to me ~~(or proved to me on the basis of satisfactory evidence)~~ to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity~~(ies)~~, and that by his signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

WITNESS my hand and official seal.

[SEAL]



Notary Signature

Jennifer Villavert Le

Application No.: 10/826,004  
Filing Date: April 15, 2004

**PATENT**  
Client Code: OPTIS.085A  
Page 3

IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 19 day of October, 2004

  
\_\_\_\_\_  
Peter Rule

STATE OF

}

ss.

COUNTY OF

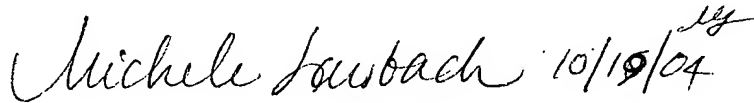
}

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared Peter Rule personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity(ies), and that by his signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[SEAL]

\_\_\_\_\_  
Notary Signature

  
subscribing witness

# SUBSCRIBING WITNESS JURAT

State of California

County of Alameda } SS.

On October 19, 2004, before me, the undersigned, a notary public for the state, personally

appeared Michelle Loubach, personally known to me ~~(or proved to~~  
SUBSCRIBING WITNESS'S NAME

me on the oath of \_\_\_\_\_, who is personally known to me) to  
CREDIBLE WITNESS'S NAME

be the person whose name is subscribed to the within instrument, as a witness there to, who, being by me duly sworn, deposed and said that he/she was present and

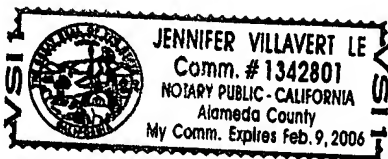
saw Peter Rule the  
NAME(S) OF PRINCIPAL(S)

same person(s) described in and whose name(s) is/are subscribed to the within and annexed instrument in his/her/their authorized capacity(ies) as (a) party(ies) thereto, execute the same, and that said affiant subscribed his/her name to the within instrument as a witness at the request of

Peter Rule  
NAME(S) OF PRINCIPAL(S)

WITNESS my hand and official seal.

Jennifer Villavert Le  
NOTARY'S SIGNATURE



## OPTIONAL INFORMATION

The information below is optional. However, it may prove valuable and could prevent fraudulent attachment of this form to an unauthorized document.

### CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- ☐ INDIVIDUAL  
☐ CORPORATE OFFICER

TITLE(S)

- ☐ PARTNER(S)  
☐ ATTORNEY-IN-FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☒ SUBSCRIBING WITNESS  
☐ OTHER: \_\_\_\_\_

ABSENT SIGNER (PRINCIPAL) IS REPRESENTING:  
NAME OF PERSON(S) OR ENTITY(IES)

OPTISCAN BIOMEDICAL CORP.

### DESCRIPTION OF ATTACHED DOCUMENT

Assignment  
TITLE OR TYPE OF DOCUMENT

Page 3 of 5  
NUMBER OF PAGES

April 15, 2004  
DATE OF DOCUMENT

OPTIS 085A  
OTHER

RIGHT THUMBPRINT  
OF  
SIGNER

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IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 19 day of October, 2004

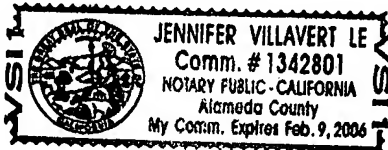
Michael A. Munrow  
Michael A. Munrow

STATE OF California }  
COUNTY OF Alameda } ss.

On Oct. 19, 2004, before me, Jennifer Villavert Le, personally appeared Michael A. Munrow personally known to me (~~or proved to me on the basis of satisfactory evidence~~) to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity(~~ies~~), and that by his signature(~~s~~) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[SEAL]



Jennifer Villavert Le  
Notary Signature



Application No.: 10/826,004  
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IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 19<sup>th</sup> day of October, 2004

Philip C. Hartstein  
Philip C. Hartstein

STATE OF

COUNTY OF

}  
}  
}

ss.

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared Philip C. Hartstein personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity(ies), and that by his signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[SEAL]

Michelle Joubach 10/19/04  
Notary Signature  
subscribing witness

|  |  |  |     |
|--|--|--|-----|
| State of California<br>County of <u>Alameda</u>  |  | }  | SS. |
| On <u>October 19, 2004</u> , before me, the undersigned, a notary public for the state, personally appeared <u>Michelle Loubach</u> , personally known to me. <del>(or proved to me on the oath of</del>   |  |  |     |
| DATE<br>SUBSCRIBING WITNESS'S NAME   |  | CREDIBLE WITNESS'S NAME  |     |
| be the person whose name is subscribed to the within instrument, as a witness there to, who, being by me duly sworn, deposed and said that <del>he</del> she was present and saw <u>Philip C. Hartstein</u> the  |  |  |     |
| NAME(S) OF PRINCIPAL(S)  |  | NAME(S) OF PRINCIPAL(S)  |     |
| same person(s) described in and whose name(s) is/are subscribed to the within and annexed instrument in his/ <del>her</del> their authorized capacity(ies) as <u>(a)</u> party(ies) thereto, execute the same, and that said affiant subscribed his/ <del>her</del> name to the within instrument as a witness at the request of   |  |  |     |
| NAME(S) OF PRINCIPAL(S)  |  | NAME(S) OF PRINCIPAL(S)  |     |
| WITNESS my hand and official seal.   |  |  |     |
| NOTARY'S SIGNATURE   |  | NOTARY'S SIGNATURE   |     |
| <b>OPTIONAL INFORMATION</b>  |  |  |     |
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| ABSENT SIGNER (PRINCIPAL) IS REPRESENTING:<br>NAME OF PERSON(S) OR ENTITY(IES)<br><u>OPTISCAN BIOMEDICAL CORP.</u>   |  | RIGHT THUMBPRINT<br>OF<br>SIGNER<br><div style="border: 1px solid black; width: 150px; height: 100px; margin-top: 10px; position: relative;"><div style="position: absolute; left: -20px; top: 50%; transform: translateY(-50%); font-size: small;">Top of thumbprint here</div></div> |     |

**VALLEY-SIERRA, 800-362-3369**